

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 700523	RECEIPT DATE:	11 / 15 / 00
IA NUMBER:	PCT/ US00 / 10576	IA FILING DATE:	04 / 19 / 00
FAMILY NAME:	KAPILOW	DELAY WAIVED (Y/N):	N
GIVEN NAME:	DAVID A.	DEMAND RECEIVED (Y/N):	N
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	04 / 19 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	1999-0096-3(COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	AT&T CORP		
STREET:	PO BOX 4110		
CITY:	MIDDLETOWN		
STATE/COUNTRY:	NJ	ZIP:	077484110
EMAIL:			
APPLICATION TITLES:			
	METHOD AND APPARATUS FOR PERFORMING PACKET LOSS OR FRAME ERASURE CONCE		
	ALMENT		

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 6109

Bib Data Sheet

SERIAL NUMBER 09/700,523	FILING DATE 11/15/2000 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. 1999-0096-3
-----------------------------	---------------------------------------	--------------	------------------------	------------------------------------

APPLICANTS

David A. Kapilow, Berkeley Heights, NJ;

CPA 9/9/04

** CONTINUING DATA *****

This application is a 371 of PCT/US00/10576 04/19/2000
 which claims benefit of 60/130,016 04/19/1999

CPA 9/9/04

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/08/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY NJ	SHEETS DRAWING	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
--	--	---------------------------	-------------------	----------------------	----------------------------

ADDRESS

AT&T Corporation
 PO Box 4110
 Middletown, NJ
 07748

TITLE

Method and apparatus for performing packet loss or frame erasure concealment

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---